manner. It does not produce cellular irritation in contiguous tissue when locally applied, and is therefore of greater value than any other chemical agent now employed, and, while it has a cauterant action on mucous tissue, it also has a special selection for cell tissue, making its effects apparent by absorption of hyperplasia.

The Excretion of Hexamethylenamine (Urotropine) in the Bile and Pancreatic Juice.—CROWE (*Johns Hopkins Hospital Bull.*, 1908, xix, 109) has performed certain experiments with this drug with the intent to ascertain its value in infections of the gall-bladder. He believes that before its value can be definitely established further work must be undertaken. He summarizes his results as follows: (1) After its administration by mouth, hexamethylenamine appears in the bile and pancreatic juice of dogs. It finds its way into the bile through the liver and through the wall of the gall-bladder. (2) It has been demonstrated in the bile, cerebrospinal fluid, saliva, pleural effusion, and blood of man. (3) When given in sufficiently large doses (75 grains per day), it appears in the bile in quantities which suffice to exercise a decided bactericidal action.

The Treatment of Tapeworm.—SCHILLING (*Therapeutische Monatshefte*, 1908, xxii, 187) gives in the morning, fifteen minutes after a breakfast of coffee with zwieback, the following formula, which has acted well in his hands: Fresh ethereal extract of male fern, 2 to 2½ drams; powdered jalap, 7½ grains; simple syrup, sufficient to make 1 ounce. This mixture should be well shaken. The parasite usually appears in three to four hours. Schilling considers it unnecessary that the teniafuge should be taken fasting, but if evacuation of the bowels does not take place or is delayed, he advises the employment of an enema of about a quart of warm water.

PEDIATRICS

UNDER THE CHARGE OF

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Hygiene of the Eye in School Children.—Concerning this subject W. M. CARHARDT (*Amer. Jour. Obstet.*, July, 1908) summarizes his article as follows: (1) The increase of late in the number of children wearing glasses is not due to an increase in the number of weak or diseased eyes so much as it is due to the greater strain upon the function of vision necessitated by our more extended use of the eyes for close work in the complex civilization of the present day. (2) The normal child is born hypermetropic and without astigmatism. The myopic child is either defective from birth or has acquired myopia from the stress of eyestrain, usually through the "turnstile of astigmatism." Astigmatism is not congenital, but is practically always acquired in the normal child during the early years of life by excessive strain upon the muscles of accommodation. (3) Kindergarten and primary work should be arranged so as to avoid strain upon the muscles of accommodation of the eye in the plastic years of childhood. Hence, sewing and all weaving exercises should be limited in amount, if not absolutely eliminated. (4) Systematic study should be only begun when the delicate and soft tissues of the child's eyes have attained sufficient formation to resist distortion on moderate use of the accommodation. This means that prolonged close work should not be allowed until the age of ten years or over. The child beginning systematic work at that age will, with suitable care, be able at sixteen or eighteen years to acquire all the knowledge possible to its more precocious companion, and will have the inestimable advantages of normal eyes and healthy physique. (5) No young child should be encouraged to compete with its companion for prizes. Mental and occular overstrain are the inevitable results of such educational monstrosities. In the primary schools, especially, there should be no grading of the children. (6) A child incapable of the prolonged use of the eyes at the peroper age should not be classed as culpably lazy. In the majority of cases there will be found uncorrected refractive errors. (7) Inability to concentrate the mental attention, and deficient powers of observation are often caused by bad visual memory resulting from eyestrain. (8) The symptoms and physical signs of eyestrain in children can be easily recognized, and there is no more brilliant success in medicine than follows a correction in children of refractive error. Ocular hygiene is all important in preventing educational overstrain.

Röntgen Diagnosis of Infantile Scurvy.—KLOTZ (*Monats. f. Kinderheilk*, 1908, vii, 36) reports such a case in a child aged nine months, in which the only signs present were a slight swelling of the distal end of the left femur, and marked pain whenever picked up or even touched; there was no gingivitis, no bleeding from the gums, no hematuria, no petichiæ, no anemia. The Röntgen pictures, however, were very typical of the disease; a marked thinning of the cortex, a disappearance of the sharp outline of the bone, loss of the structural outlines near the epiphyses, separation of the periosteum, bending of the bones, etc. He says that all suspicious cases of this disease should be examine with the Röntgen apparatus.

Paratyphoid Fever and Melena in the Newborn.—C. NAUMERCK and E. FLINZER (*Münch. med. Woch.*, 1908, i, 1217) performed an autopsy on a child thirty-six hours old whose death was said to have been due to melena. The autopsy revealed multiple necroses of the gastric mucosa, otitis media, cholecystitis, slight enlargement of the spleen, and hemorrhagic diathesis. The stomach and intestines were filled with clotted blood and some mucus. The bacteriological blood examination revealed an organism which could be identified with paratyphoid bacillus (Schottmüller); diagnosis was made from cultures, agglutination tests, and animal experiments. Further investigation showed that the infection was of intra-uterine origin, the mother having suffered four weeks before the birth of the child from violent diarrhœa, which lasted eight days; there was also headache, nausea, vomiting, abdominal pain, and fever; the condition improved after a time without treatment. The woman had probably been infected by eatables, which had been sent her from her home, a place which about that time had many typhoid and typhoid-simulating cases. The blood of the mother agglutinated the bacillus from the child in dilutions of 1 to 400. Whether the infection arose through the amniotic fluid being contaminated with the paratyphoid bacillus, or whether as a primary blood infection through the placental circulation, the authors could not decide.

The Behavior of the Cutaneous Tuberculin Reaction during Measles.—C. VON PIRQUET (*Deut. med. Woch.*, 1908, xxxiv, 1297) has found from the study of a large number of patients with measles, some of which were known to have tuberculosis, that tuberculous children lose their reaction to tuberculin during the measles attack for about a week. One hundred and fifty-nine patients with measles were examined: 50 only during the week following the beginning of the eruption, and all of these were always negative; 36 negative both during and after the week of eruption; 2 negative before, during, and after the week of the eruption; 6 negative before and after the eruption week; 23 negative, examined only after the eruption week; 3 positive, examined only after the eruption week; 25 examined during and after eruption week, first negative and then positive; 6 examined before, during and after, with respectively positive, negative, and positive results; 1 before and during the eruption week, first positive and then negative; 1 during and after the eruption week, first negative and then positive; and 6 with uncertain reactions. This phenomenon von Pirquet believes to be due to a destruction of the tuberculosis antibodies; in corroboration of this he has found that during measles the tuberculous process has spread considerably in every case in which the condition has been known to exist. The disappearance of the reaction does not occur in scarlet fever, diphtheria, epidemic cerebrospinal meningitis, or typhoid fever. In cases in which the tuberculin reaction persists or exists during an eruption resembling measles, von Pirquet is certain that the exanthem is other than measles, thus giving the existence of the tuberculin reaction a value from the standpoint of differential diagnosis.

Rickets and Scoliosis.—E. KIRSCH (*Deut. med. Woch.*, 1908, xxiv, 1309) has made a series of observations to determine how many cases of scoliosis rest upon a rachitic basis, and in how many the condition is progressive; and whether all fixated scolioses are of rachitic origin and whether a scoliosis originating during school life can become fixated. The distinction between fixated and non-fixated scoliosis is thoroughly considered. In all 1015 children (518 boys and 497 girls) were examined; 493 children (217 boys and 276 girls) belonged to the lower classes, and 522 (281 boys and 241 girls) to the upper classes. The scolioses at the beginning of school life amounted to 20.5 per cent., in the upper classes to 30.4 per cent., but it is only the habit scoliosis which thus increases. In girls the increase is from 14.4 to 28.2 per cent.; in boys from 11.8 to 15.4 per cent. The fixated scolioses, on the other hand, increase only from 7.3 to 9.4 per cent.; among boys the number actually decreases from 7.2 to 6 per cent.; among girls it increases from 7.4 to 12.9 per cent. He formulates the following conclusions: (1) A large number of habit scolioses develop during school life, but only a few fixated cases, and they are only slightly fixed; more cases occur in boys than in girls. (2) Seven times as many cases of fixated scoliosis exist at the beginning of school life than develop during these years; during school years the fixated cases deteriorate more in boys than in girls. (3) Most all fixated cases, when not congenital, are of rachitic origin. (4) The oblique position of a school child, which does not produce any fixation symptoms, leads to a light type of scoliosis; after some years it may show a few clinical fixation symptoms. (5) The explanation for this is found in the fact that habit scoliosis and fixated scoliosis are two separate diseases; pathologically the former is a primary joint contraction, the latter a bone deformity; etiologically the latter depends upon rickets, the former not; clinically the former is a non-fixated lateral curvature, the latter is associated with torsion and fixated curvature; prognostically the former is capable of spontaneous improvement, the latter is not; therapeutically the former is easily influenced in every stage, the latter only if treatment is begun before the child is sent to school.

Tuberculosis of Nursing Infants.—A series of postmortem examinations performed by ENGEL (*Monats. f. Kinderheilk.*, 1908, vii, 28) has prompted the following conclusions: In well-nourished infants, and more particularly in breast-fed infants, tuberculosis is almost invariably localized to the glands, and if found in the lungs, the foci are usually small and surrounded by a thick, tendinous capsule; if death resulted in these cases it was invariably due to an acute bacillary invasion, which induced the fatal termination by setting up an acute miliary tuberculosis. In poorly fed, emaciated children, however, the appearance even before beginning treatment led to a suspicion of graver organic disease; examination invariably revealed chronic tuberculosis of one or more organs, chronic confluent miliary tuberculosis, caseous peribronchitis, etc. The emaciation noted in such children is not due to the disease, but has rather preceded it, and is therefore entirely independent of the organic disturbance. It is probably true that because of the miserable nutritional state the organs become involved, while in well-nourished children the disease remains localized to the glands. Of breast-fed children dying of tuberculosis in his service, only 8 per cent. died of caseous pneumonia, while of the other children, this disease was found in 70 per cent. of the cases studied after death. Engel further believes that breast milk protects the infant to some extent from tuberculosis.

The Exudative Diathesis.—CZERNY (*Monats. f. Kinderheilk.*, 1908, vii, 1) finds that in all instances in which children suffer with the exudative diathesis, parents and other relatives are neuropathic or psychopathic; in fact, he says, children of markedly nervous parents are rarely free from this constitutional affection, but there is not necessarily a relation between the degree of nervousness in the parent and the exudative diathesis in the children. Knowledge of this combination is of marked practical importance, as a complete cure can be expected only if the treatment is directed both against the diathesis and the neuropathic tendency. A persistent eczema may be cured by simply removing the child from its family surroundings and placing it where its mental activity can be guided along different grooves; the same is true of many cases of nervous asthma and other nervous affections. Czerny advises against rest cures and medicines, preferring an entire change of the method of living and education.

OBSTETRICS.

UNDER THE CHARGE OF

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Delivery by Forceps in Contracted Pelvis.—CHAMPNEYS (*Jour. Obstet. and Gynec., Brit. Emp.*, June, 1908) reports the case of a patient having a contracted, flat, reniform pelvis, with slight scoliosis, the true conjugate being 2¼ inches, who was delivered by the induction of labor, at the thirty-second week, by the aid of forceps. The child, sixteen and one-half years afterward, is living and in good condition. Labor was induced by the use of bougies and laminaria tents. One week's time was occupied in inducing labor pains. The head did not engage as there was almost entire uterine inertia. The head was pressed down on the brim where it occupied a transverse position. The forceps was then applied, using the right blade somewhat behind the occiput, and the left blade in front of the sinciput, the blades were locked and the head extracted without much difficulty. When the head emerged the blades were at the sides, as rotation in the forceps had occurred. Attention is called to the fact that in transverse application of the forceps, the application should also be oblique. In order to favor anterior turning of the occiput the occipital blade should be placed behind the occiput and the other blade in front of the other extremity of the head. With these precautions anterior rotation is more apt to occur. Champneys concludes that while he was thus successful in 1891 in delivering the patient with forceps, that in 1908 he would certainly have performed Cesarean section.

Collargol in the Treatment of Puerperal Infection.—BONNAIRE and JEANNIN (*L'Obstétrique*, April, 1908) report 49 cases of puerperal infection treated by the intravenous infection of collargol. They divide their cases into one group of three, in which the injection was made as a prophylactic measure. These were cases infected at the time of labor, and the treatment was carried out without waiting for the development of fever after delivery. In 3 cases the result is stated as "unknown," as the patients passed from under observation before a definite conclusion could be drawn. In 10 cases death occurred. In 15 cases it is thought that the patient's cure did not depend upon the use of collargol. In 4 cases the use of collargol is said to have been "not decisive." In 14 cases its use was followed by prompt and immediate improvement. The treatment was carried out, as a rule, before the eleventh day after